

**CHILD CARE CENTER/GROUP INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Program Name: <u>CLC Palmer's Hill</u>	License Number: <u>12315</u>	Date of Inspection: <u>11-1-21</u>	Time of Arrival: <u>9:20</u>
Address: <u>64 Palmers Hill Rd</u>	Expiration Date: <u>12-31-24</u>	Licensed Capacity: <u>166</u>	Under 3 Capacity: <u>16</u>
Town: <u>Stamford</u>	Telephone: <u>203.323.5944</u>	# of children present: <u>104</u>	# of staff present: <u>26</u>
Operator: <u>CLC of Fairfield County, Inc</u>	Director: <u>Mary Basso</u>	Head Teacher: <u>Stephanie L. Varney</u>	
Email: <u>marybasso@clcstamford.org</u>	Summer Care: <u>open</u>		
Hours of Operation: <u>M-F 7:30-5:30pm</u>	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		
Ages Served: <u>6 weeks - 5 years</u>	Endorsements: <input checked="" type="checkbox"/> Under Three (6wks - 36m) <input checked="" type="checkbox"/> Preschool (3y - 5y) <input type="checkbox"/> School Age (5y & up) <input type="checkbox"/> Night Care (6wks & up)		

**Licensure Procedures 19a-79-2a**

1. Local Health Date: 9.10.21

**Administration 19a-79-3a**

2. New Staff-Employee Orientation

3. Annual Staff Policy Training

4. Documentation of Behavior M. Tech Discussed w/Parents

5. Notification of Change

6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy

7. Daily Attendance Records: Children/Staff

**Items Posted: Conspicuous/Accessible**

8. License

9. Current Fire Marshal Certificate Date: 11.18.20

10. OEC Complaint Procedure

11. Food Service Certificate Date: 12.31.21

12. Menus

13. Emergency Plans

14. No Smoking Signs

15. Radon Test (Y/N) Date: 1.19.99 Results: 1.30

**Staffing 19a-79-4a**

16. Staff Health Records/TB Tests

17. Professional Development

18. Disciplinary Actions

19. Designated Head Teacher/60%

20. Two Staff Present

21. Ratio: 1 Staff to 10 Children

22. Group Size: Maximum 20 Children

23. Designated Director/Training

24. CPR Certified Staff

25. First Aid Trained Staff

**Consultants**

26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

27. Logs/Visits Documented

**Swimming: (Y/N)**

28. Non-Swimmers Identified

29. Staff/Child Ratios

30. CPR Certified Staff (20 years of age)

31. Lifeguard Certified/Supervision

**Record Keeping 19a-79-5a**

32. Enrollment Information

33. Emergency Medical Permission

34. Authorized Released Permission

35. Field Trip Permission

36. Transportation Permission

37. Child Health Records/Immunizations/TB

38. Individual Care Plan (Signed by Parent/Staff)

39. Injury/Illness/Accident Reports

**Health and Safety 19a-79-6a**

40. Nutritious Snacks/Meals (Required Food Groups)

41. Proper Refrigeration

42. Kitchen Separated

43. Hand Washing Before Eating/Food Handling

44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

**Physical Plant 19a-79-7a**

45. License Premise: Clean/Good Repair/Hazard Free

48. Sanitary Drinking Fountains/Disposable Cups  
Water Supply: Public Well

49. Lead Water Test Date: 5.20.21  
Bacterial/Chemical Test (Y/N) Date: \_\_\_\_\_

50. Walkways Maintained

51. Designated Staff Toilet/Sink

52. All Openings for Ventilation Screened

53. Windows Protected to Prevent Falls

54. Glass Protected to 36"

55. Overhead Doors Locking Devices/Spring Protectors

56. Exits/Hallways and Stairs Unobstructed

57. Individual Storage of Clothing/Bedding

58. Smoking Prohibited

59. Matches/Lighters Inaccessible

60. Electrical Safety: Outlets/Cords

61. Toileting Needs Met

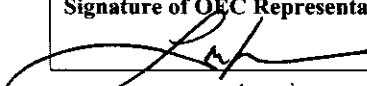
62. Required Toilets/Sinks/Supplies

63. Potty Chairs: Nonporous/Emptied/Disinfected

64. Hand Washing After Toileting: Staff/Children

65. Ventilation in Toilet Room

66. Air Temp 65°, Thermometer Affixed

Signature of OEC Representative: 	Written Corrective Action Plan Due to OEC by: <u>N/A</u>	Signature of Person in Charge: <u>Mary Basso</u>
Print name: <u>Lon Mangano</u>		Print name: <u>Mary Basso</u>

Post for 30  
Operating  
Days

### CHILD CARE CENTER/GROUP INSPECTION FORM

<b>Program Name:</b> <span style="font-size: 1.2em; font-family: cursive;">C.C. Palmer's Hill</span>	<b>License Number:</b> <span style="font-size: 1.2em; font-family: cursive;">12315</span>	<b>Date of Inspection:</b> <span style="font-size: 1.2em; font-family: cursive;">11.1.21</span>
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- Physical Plant continued:**
- 67. Water Temperature 60°-115°
  - 68. Portable Space Heaters
  - 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
  - 70. Rugs Secure
  - 71. Hot Water/Steam Pipes Protected
  - 72. Working Phone on Each Level
  - 73. Emergency Numbers Posted
  - 74. Adequate Lighting: 50/30 Candle Feet
  - 75. Light Fixtures Shielded/Shatter Proof
  - 76. Potentially Hazardous Substances Locked
  - 77. Garbage/Rubbish Disposed Daily
  - 78. Stairs Protected/Good Repair/Handrails
  - 79. Pets: Maintained/Care Plan (Y/N)
  - 80. Operable CO Detector on Each Level (Y/N)
  - 81. Program Space/Adequate Sq. Ft. Per Child
  - 82. Equipment: Good Repair/Safe/Non-toxic
  - 83. Cots Stored/Maintained/Adequate Number
  - 84. Developmentally Appropriate Equipment/Materials
  - 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
  - 86. No Weapons/No Facsimile of a Firearm on Premise

- Outdoor Space**
- 87. Outdoor Space Adequate Sq. Ft. Per Child
  - 88. Impact Absorbing Material under Equipment
  - 89. Playground Free from Hazards
  - 90. Peeling Paint (Y/N) Sample Taken (Y/N)
  - 91. Lead Management Plan (Y/N)
  - 92. Equipment Anchored/Safely Arranged
  - 93. Outdoor Play Area Protected/Fenced
  - 94. Drinking Water Available/Accessible

- Educational Requirements 19a-79-8a**
- 95. Written Plan for Daily Program Available to Parents/Staff
  - 96. Activity Choices: Developmentally Appropriate/Flexible/Meets Individual Needs  
 Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up

- Administration of Medications 19a-79-9a**
- 97. Written Policies/Procedures
  - 98. Training Outline on file
- Nonprescription Topical Medications**
- 99. Administration/Parent Permission/MAR
  - 100. Labeling/Storage
- Oral/Topical/Inhalant/Injectable Medications**
- 101. Med Trained Staff/Certificates
  - 102. Authorized Prescriber/Parent Permission/MAR
  - 103. Labeling/Storage
  - 104. Unused/Expired Meds Returned/Disposed
- Self-Administration**
- 105. Authorized Prescriber/Parent Permission/MAR
  - 106. Labeling/Storage
  - 107. Approved Petition For Special Med Authorization

- Emergency Distribution of Potassium Iodide**
- 108. KI Pills Parent Permission/Storage

- Under Three Endorsement 19a-79-10**
- 109. Approved Endorsement
  - 110. Ratio: 1 Staff to 4 Children
  - 111. Group Size no Larger than 8
  - 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
  - 113. Adequate Sinks in Program Space
  - 114. Free Standing/Well-Constructed/Safe Cribs
  - 115. Washable Cots
  - 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
  - 117. Dev. Appropriate Tables/Chairs/Equipment
  - 118. Refrigerators and Food Prep Facilities
  - 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
  - 120. Washed/Disinfected
  - 121. Disposable Paper Sheets
  - 122. Covered Waste Receptacle
  - 123. Diaper Changing Policy Posted
  - 124. Hand Washing Policy Posted
  - 125. Individual Storage of Personal Items
  - 126. Cribs/Cots Washed/Disinfected
  - 127. Under 12 Months Placed on Back for Sleeping
  - 128. Alternate Sleep Position/Equip-Medical Document Y/N
  - 129. Crib/Bed Used for Infant Sleeping
  - 130. Crib/Bed Free from Observable Hazards
  - 131. Infant Toys Separate/Washed/Disinfected Daily
  - 132. No Toys/Objects Less than 1 1/4" Diameter
  - 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
  - 134. Health Consultant/Documentation of Visits
  - 135. Infants Held for Bottles/Individual Attn/Tummy Time
  - 136. Written Statement/Feeding Schedule from Parent
  - 137. Unused Portions of Liquids Discarded
  - 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
  - 139. Food Served from Dish or Whole Jar Served
  - 140. Bottles Individually Identified w/Child's Name

- Outdoor Play Space-Under Three:**
- 141. Play Space Fenced
  - 142. Outdoor Equipment: Dev. Appropriate

- School Age Children Endorsement 19a-79-11**
- 143. Approved Endorsement
  - 144. Activity choices appropriate
  - 145. Ratio: 1 Staff to 10 Children
  - 146. Group Size: Max. 20 Children
  - 147. Education Consultant Appropriate

- Night Care Endorsement 19a-79-12 (10pm-5am)**
- 148. Approved Endorsement
  - 149. Written Program Plan/Supervision
  - 150. Staff Awake/Available
  - 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
  - 152. Individual Storage of Personal Items
  - 153. Bedding/Sleeping Apparel Laundered Weekly

- Monitoring of Diabetes 19a-79-13 *no one currently enrolled***
- 154. Written Policies/Procedures
  - 155. On Site Staff Trained in First Aid/Glucose Testing
  - 156. Training Current/Documented
  - 157. Supervision of Self Administration
  - 158. Equipment/Supplies: Labeled/Inaccessible
  - 159. Signed Agreement w/Parent Regarding Equipment
  - 160. Materials Discarded Appropriately
  - 161. Authorized Prescriber/Parent Permission
  - 162. Documentation of Test Results/Actions Taken
  - 163. Daily Written Parent Notifications

<b>Signature of OEC Representative</b> 	<b>Written Corrective Action Plan Due to OEC by:</b> <span style="font-size: 1.2em; font-family: cursive;">N/A</span>	<b>Signature of Person in Charge</b> 
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Print Name: Lon Mangano Mary Basso

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CLC Palmer's Hill License # 12315 Date: 11.1.21

Observations/Corrections needed:

DISCUSSION

- Room 5 2 stained ceiling tiles and 1 displaced in ceiling
- 1 staff in need of TB test
- CHK provider emergency plans meet federal requirements.
- BCLs and background check requirements discussed

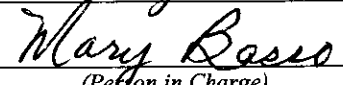
S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature:   
(OEC Representative)  
 Print Name: Loni Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: NIA

Signature:   
(Person in Charge)  
 Print Name: Mary Basso